

**QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTP)**  
**QUESTIONS/RESPONSES**  
**January 28, 2021**

**Question:** If a child is not yet admitted to a FGC/QRTP setting and we want to get an LPHA eval completed on him, who picks the LPHA? DHS in conjunction with the parents? Or do we use one that is referred or recommended by the QRTP facility we think the child will be entering?

**Response:** The worker, in conjunction with the family, can select the LPHA. If the child has a current clinician that person can be used if they meet criteria as an LPHA. If not, the clinician at the potential QRTP can be used. This assessment needs to be completed within 30 days of placement in the QRTP.

**Question:** Are all the kids currently in FGGC going to get an LPHA eval prior to July 1 to document that they are eligible for QRTP services? Who sets that up?

**Response:** No, children currently in FGCS/QRTP are grandfathered in. Children entering QRTP July 1st or after will need the admission clinical review complete by an LPHA.

**Question:** My biggest question would be, if kids are admitted to group care before getting the LPHA, and they get it done within the 2-4 weeks of being there, what if the LPHA determines that level of care is not appropriate? I assume the kid will need to leave the placement, is there any protocol for how long they will have to get them out/move them?

**Response:** Per Federal direction, DHS must move child within 30 days of decision or we can't access IVE for balance of placement. However, if the judge reviews and agrees w/LPHA determination that QRTP is not appropriate level of care and issues a court order to move the child, this will be done immediately as it is today when a judge issues a court order.

**Question:** Is there anywhere that clarifies this is effective for placements made after 7/1? That kids currently in care don't need the judicial review etc?

**Response:** All youth currently placed in QRTP are grandfathered in and do not need the clinical assessment, etc. This process begins for youth going into QRTP level of care after 7/1/2020.

**Question:** I am not sure how "easy" it will be to get kiddos into QRTPs. I worry we will get everything done and apply and sit and wait for 30+ days then need to do the TOPS and everything all over again because it took longer than 30 days to get a kiddo in.

**Response:** Once you have the assessment pieces done, you make the referral to group care/QRTP same as today, and the provider has same timeframes to get a child into placement. QRTP's still have no eject no reject and you are not "applying" to get a child in. The assessment is really to determine the level of need for the child. You can definitely place a child in QRTP and have the assessment done after (within first 14 days), but ideally you have an LPHA determine the child actually needs that level of care first.

**Question:** Do these have to be in person or can they be done through theria link?

**Response:** Medicaid is currently accepting tele-health clinical assessments for QRTP. This will likely be adjusted after the COVID-19 pandemic.

**Question:** Could you please provide clarification on who is required to initiate the TOP when placing a child in a QRTP?

**Response:** The JCO/DHS has to start the TOP and then invite the LPHA. The initial set up pieces have to be done by DHS or JCS. Once child is in QRTP, the QRTP caseworker can “take the lead” on doing the regular 90 day reviews, inviting raters, etc.

**Question:** Are the new service plan form/instruction on the CISR webpage? Not sure if any of the other documents should be, maybe the QRTP assessment?

**Response:** These 2 reports will eventually be housed at the location below. They are currently in pilot phase and have been shared with providers via an email from the Contract Manager.

<https://dhs.iowa.gov/child-welfare-systems/implementation-information>

Other documents will be housed after pilot at <https://dhs.iowa.gov/Child-Welfare/FamilyFirst/Resources>

**Question:** So to make sure I have this right – QRTP clinicians on staff at the QRTPs will serve as the LPHAs who do the assessment that establishes the need for QRTP, even before we have a waiver approved?

**Response:** The waiver to allow QRTP clinicians to complete the assessment has been submitted to the Children’s Bureau. Until we hear differently, the assessment by QRTP clinicians is allowed.

**Question:** Our therapist completed our first assessment yesterday. She and I are wondering who does this get sent to. I thought there was a portal but I am not seeing that.

**Response:** The completed assessment should be sent via email to the referring worker.

**Question:** May I confirm that Post Discharge services are for all clients discharged after 7/1/20 not just ones that entered QRTP after /1/20 and then discharge.

**Response:** DHS youth who discharge from QRTP anytime after 7/1/2020 are eligible for post-discharge services.

**Question:** If a client discharges from QRTP due to going on the run is the worker to make a referral to FCS for post discharge services? I am not sure what the reasons are for not providing the services are in JARVIS. I’m just wondering what the process is to be for our workers.

**Response:** Post-discharge services are not required for a child who has been on run for more than 14 days. If the child is located within 14 days, if they are placed at home or other family like setting, post discharge services should be initiated.

**Question:** Do we only use the QRTP treatment plan for DHS referrals since Juvenile court is pushing there implementation back a few months?

**Response:** The updated service plan and instructions are to be used for all youth (DHS and JCS) starting 7/1/2020.

**Question:** Is the QRTP treatment plan and requirements only for new admits as of July 1 and not for kids placed under the old contract?

**Response:** The updated service plan and instructions are to be used for all youth (DHS and JCS) starting 7/1/2020. The clinical assessment is not required for youth placed prior to 7/1/2020. DHS youth discharging after 7/1/2020 are eligible for post-discharge services.

**Question:** I have a question about the TOPS assessment and sharing this with the therapist (LHPA) once we have one identified for the youth that is completing our clinical assessment. I have completed all my steps for the QRTP placement; I am having the LPHA who sees the child for therapy do the assessment. This is done and they feel he needs QRTP. However, when I try to share the assessment with the LPHA I cant as she is not on the list of persons in TOPS on the screen when you hit the share with therapist button.

**Response:** For this purpose, you are inviting them as a rater. Instead of attempting to "share with the therapist", follow the steps for inviting someone to rate the child to complete the clinical scales. These steps are outlined in the TOP Protocol at:

<http://dhssp/fo/Service/Treatment%20Outcome%20Package%20TOP/Forms/AllItems.aspx>

**Question:** I have a child that was in group care prior to conversion and still there today. She turns 18 in August. There is no judicial review set up as the case is set to automatically discharge on her 18th birthday. The question is then do we still need to go through the process of having the group care clinician do the assessment within 30 days, TOP assessment, etc. and upload for court- when again the child will be discharged in August no matter what as she ages out!

**Response:** No, new clinical assessment process only applies to children placed after 7/1/20. Those in care do not need to go through the process. The clinical assessment just needs to be completed for the initial judicial review (at w/in 60 days of placement), not each time there is a hearing. For the other hearings while a child is in care the team should just be updating the TOP clinical scales/writing a caseplan/etc.

**Question:** Who makes the referral for FCS prior to the child's discharge from QRTP? Normally that would seem like a thing for DHS to do, but since the FCS are delivered via an MOU between the QRTP and the FCS, we weren't sure we were really the one to refer.

**Response:** DHS makes the referral for FCS 14-30 days prior to discharge from the QRTP.

**Question:** Does DHS open a service line for the FCS? Are we actually paying for it or is the QRTP agency?

**Response:** Yes, it is paid via a normal FCS case and should be opened in FACS similarly.

**Question:** If DHS closes our case before the six months is up, do the aftercare services continue? (And if they are paid via our open service line, can we actually close the case?)

**Response:** It would be best practice to have discussions with our court parties and judges on changes that will be coming when our services look different than they have in the past. Discussion should revolve around the Department keeping supervision for an additional 6 months (post QRTP). If a judge closes the case against DHS recommendation, we would follow that order as we do any other order and ask the family to participate voluntarily with services to meet the guidelines. If the family refuses to participate, you would need to assess if there are any safety issues and consult with your county attorney. If there is no other recourse, the case may have to close. DHS should inform both the FCS agency and the QRTP the child discharged from that the case is closing and the reason for closure (court order) for documentation purposes.

**Question:** The Clinical Assessment Form. Is this something I need to send to the therapist, if so where do I find it?

**Response:** If it is a community therapist and not one located at our shelters or QRTP's, they won't necessarily have the form and it should be provided to them. This document is located at: [FCS/QRTP Library](#)

**UPDATED 8.12.20**

**Question:** Can the QRTP Clinical Summary form be expanded to give more room to write under the Justification section?

**Response:** This form was edited and updated to allow for more room to write. The new form was sent out to the field on August 6, 2020.

**Question:** After the clinician completes the assessment, are they just sending the summary form to the worker?

**Response:** After the clinician completes the assessment, they should send the QRTP Clinical Summary Form and the date the TOP was completed to the referring worker. They can also include any narrative or write-up explaining the assessment as well.

**Question:** Who makes the referral to FCS for post-discharge services? Since QRTP is responsible for ensuring it takes place, do they make the referral?

**Response:** DHS makes the referral for FCS 14-30 days prior to discharge from the QRTP.

**UPDATED 8.31.20**

**Question:** Do you know when in the case flow DHS will know exactly who the FCS provider for PDS will be?

**Response:** FACS will assign one of the two FCS contractors based on who is next up (unless there is a necessary override). Once the DHS SWCM completes the assignment screen in FACS, the SWCM will know which contractor will provide the post discharge services and can then provide that information to the QRTP.

**Question:** If a child had been placed in group care prior to 7.1.20, and then the group care placement transitioned over to a QRTP, does a judicial review need to occur at the next review hearing?

**Response:** The QRTP judicial review process is for children who were placed in QRTP's on or after the official go-live date of 7.1.20. Children placed prior to that date are not required to have the formal judicial review.

#### UPDATED 9.21.20

**Question:** QRTP Provider received a JCS referral today for QRTP requesting a clinical assessment. While we have had QRTP referrals from JCS since July 1<sup>st</sup>, this is the first requesting a clinical assessment. Has there been a change? Should we complete the clinical assessment? Does this also mean this JCS youth is eligible for PDS?

**Response:** Starting September 1, 2020 JCS will be rolling out pieces of the QRTP process with their staff. The clinical assessment process is one piece that JCS will be utilizing starting September 1, 2020, however Post Discharge Services for JCS youth are still being explored and are not yet ready for roll-out.

**Question:** Is it necessary to do the PSB screening tool if we are doing the Clinical Summary and having the LPHA give the recommendation for level of care?

**Response:** Yes. The clinician should be determining need for not only general level of care (QRTP via the Clinical Summary) but for this specialized population, that they need the specialized Problematic Sexualized Behavior bed as well (PSB screening tool process).

**Question:** In this statement, is overlap considered while the child is still in placement or when they are discharged? **“Solution Based Casework and Solution Based Casework - QRTP Aftercare Services** should not overlap with a QRTP or Shelter placement for more than 30 days. If services continue beyond that point, the SBC provider will be required to enter a DHS Approval Date and SBC Exception Reason in the Provider Portal. An alert and email notification has been added to notify the SWCM, SWCM Supervisor, and Assigned SBC Provider Worker when an overlap has occurred for 23 days. The email notification will be sent to all three recipients on the same email so that a determination can be made regarding the date of service closure prior to the 30 day mark.”

**Response:** Overlap refers to while the child is placed in shelter or QRTP.

**Question:** There seems to be confusion on who needs to be doing TOPS. I was under the understanding that the referring worker does one, our case manager (social worker) has the youth complete it, and the clinician completes it. Am I wrong on this? Does the clinician also have to be present when the youth completes it? Once we have completed the summary form, do we just have it faxed over to the referring worker?

**Response:** For the QRTP clinical assessment, the clinician is the only required person that has to do an administration of the TOP. It provides a more robust assessment if others (youth, referring worker, and other team members) complete it, but it is not required.

Once the assessment is completed, send all info (email or fax) to the referring worker (summary form, date TOP completed, and any supporting documentation).

**UPDATED 11.2.2020**

**Question:** We have a child in group care that is having difficulty and the worker is thinking a different program might be better. He went to this placement on 4/28, prior to QRTP roll-out. Do we now go through the QRTP process with evals if we make a referral to a new program?

**Response:** Yes, since the referral process for the new program is happening after 7/1/20, the youth will need the pieces of the QRTP admission clinical review (TOP, clinical assessment).

**Question:** We have a kiddo at QRTP and he has been receiving SBC – it's past the 30 day overlap point. A referral had been made for a YTDM but it has not yet been held. When I look in the Q&A - It says there should not be overlap after 30 days – but there is another spot that says there should not be overlap unless DHS approves. We do not have a foster care placement identified for him yet – they have been looking for quite some time. He is interested in SAL and we are working on assessing his readiness for that potential but no discharge date determined quite yet. The YTDM would be a very useful tool towards accomplishing planning for his next steps – so we hate to close prior to that being done. Is it possible to continue service with DHS approval past the 30 day overlap as indicated in the Q and A and if so what constitutes “DHS approval”? (what do we send the provider? Just an email?) and is it just the worker and supervisor in giving that approval or are SWA/SAM?

**Response:** If the youth is in QRTP placement, he would not be eligible for SBC because he is in placement more than 30 days. Once he is 15-30 days out from discharge, a new referral to SBC would be made for the QRTP post discharge services but not until discharge. From what I gather below, there is no discharge date identified at this time; therefore, all necessary services should be provided to this youth by the CISR contractor, not the FCS contractor.

There is the ability for DHS to approve the overlap in services, but in this is only an option IF there are other children in the home in need of services.

If the youth was getting FSRP Services under the old contract, it may have transitioned over to SBC on July 1, 2020 for FCS, but by the end of July, since in placement more than 30 days, SBC should have been end dated at that time for QRTP to provide the service.

**Question:** If there is a youth, sitting in detention, with Medicaid shut off due to that placement, how does an LPHA Assessment get paid for to assess for QRTP?

**Response:** JCS is likely going to refer these youth to QRTP and have the QRTP clinician complete the assessment w/in the first 14 days so the assessment is Medicaid-billable.

**Question:** We have a provider that does a lot of work with our youth. He is a LISW. Can he be used for the QRTP assessments or is there a way to have him added to an 'approved provider' list?

**Response:** There is not an “approved” provider list. If the clinician qualifies under the definition of an LPHA, they can be used to complete the QRTP clinical assessments.

See below for definition. LISW meets the criteria.

*The clinician is a qualified individual meeting the following: In Iowa, an LPHA will need to complete the clinical review. Licensed Practitioner of the Healing Arts (LPHA) means a*

*practitioner such as a physician (M.D. or D.O.), a physician assistant (PA), an advanced registered nurse practitioner (ARNP), a psychologist, a social worker (LMSW or LISW), a marital and family therapist (LMFT), or a mental health counselor (LMHC) who is licensed by the applicable state authority for that profession. See Iowa Administrative Code 441.78.12(1).*

**Question:** We are getting our process down for the every ninety day if not sooner TOPS assessment being completed on our youth. I had a weird question back today as once someone completes the TOPS it goes back to the worker or JCO stating the assessment has been done. The assessment actually went to a JCO today in which the kiddo actually wasn't being supervised by this specific JCO. Any chance you know how this gets changed in the system?

**Response:** That info needs updated by a JCS Supervisor or higher in the TOP system. Feel free to share the instructions below.

#### *Transfer a Client*

*Step 1. Select the "move" link for the Client who is being transferred to another Caseworker. This will open the Transfer and Share screen for the Client*

*Step 2. Select the "transfer" link for the Caseworker that the Client will be transferred. The Client will now be added to the new Caseworkers Client Dashboard with full permissions and will be removed from your Client Dashboard. This same step applies when you transfer Clients from one Caseworker's Dashboard to another Caseworker's Dashboard using the Supervisor menu on the blue WellnessCheck bar. Select the "Ok" button on the pop-up to confirm this change.*

**Question:** I think I heard that there is some sort of alert will come regarding QRTP kids approaching the judicial review time. Also heard or imagined some sort of alert for when we are approaching Director's signature.

**Response:** True. The Helpdesk release below references these changes.

*Effective October 1, 2020, the following enhancements were made to the JARVIS. Guidance has been incorporated into the [JARVIS System Manual](#) on the [CWIS Help Desk SharePoint](#).*

#### *IVE Module Updates*

*The following enhancements have been made to the IVE module. Guidance related to these changes is attached.*

- *Updates to the IPI Form*
- *Updates to the Change Form*
- *Alerts to upload QRTP Admission Assessment and Court Approval of QRTP Placement*
- *Enhancements to the File Manager*

**Question:** We had a kid go into placement and within 2 days he went to detention for a while. We then put him back in the group home. Does TOPs and a new QRTP Assessment need done?

**Response:** A new TOP/Clinical assessment is not needed if it is within a few days and the plan is for the child to return to QRTP.

**Question:** We have a youth here in our program that we deemed not needing this level of care. I had seen that worker has 30 days to find an appropriate level of care for the youth. Unless judge orders immediate removal. I was then told today that it just means the youth is not QRTP qualified but they can still remain in our program at this level of care? That seems odd to me. Is this truly the case? Can you help provide any guidance in this?

**Response:** The judicial review has to occur within 60 days of placement and determine if they indeed agree with recommendation, or not. If the judge is not in agreement and wants the child to remain in QRTP, Iowa can't claim IVE drawdown on that youth. So, if judge determines during the judicial review that the youth needs to stay, the youth stays and the stay is covered by all state dollars.

**Question:** We finally have some experience with providing and billing for the QRTP assessments (H0031). Sounds like we are having issues getting paid from Amerigroup as they are saying that code requires prior authorization. Iowa Total Care has been paying. Wondering if we can have a conversation with Amerigroup to explain what this is for, etc. to see if they will lift the prior auth requirement... are you hearing the same from other providers?

**Response:** "Amerigroup made a business decision on 10/2/20 to remove the Prior Authorization (PA) for H0031 with modifiers (UC, HP, HO) and has initiated the process to move this forward. In a deeper dive, AGP discovered that H0031 is also used under the BI waiver (not CMH waiver as previously stated) and the PA required for this will remain.

AGP queried all claims submitted with procedure code H0031 (and modifiers UC, HP, HO respectively) within dates of service 7/1/2020 through current. It is found that 7 claims have been submitted to date, with 5 of those being denied for failure to prior authorize. The denials are in alignment with current AGP system edits that are enforcing authorization, however the 5 claims will be reprocessed to pay (removing denial), based on AGP 10/2 business decision to not require PA on this service, effective 7/1/2020. AGP will be sending these claims for reprocessing on 10/2. Providers should expect to see adjusted payment within 30 days.

Ongoing, providers will still experience PA denials on newly submitted claims for this service. AGP will work to align our claims edits within the 30 days we are allotted to make such modifications. Claims will be evaluated for reprocessing (overriding PA denials) on otherwise clean submitted claims until the system is fully edited to no longer require PA on H0031 with modifiers UC, and HP/HO."

**Question:** Can you clarify for us, or find someone who can, a questions around QRTP assessments. Are DHS workers the only ones to initiate the QRTP assessments or can shelter staff, in collaboration with the team, initiate these? It's a bit of a confusing situation since we provide those assessments via our contractor, so I want to make sure I fully understand who can initiate.

**Response:** DHS or JCS worker would need to initiate, as they are the ones that would know if they are looking at a potential QRTP placement for a child. They also have the background documents/forms to



send to the clinician. Shelter staff may not have that background info/documents, and also would not necessarily know potential placement plan for the child.

**Question:** Does the order placing a child there have to say anything specific, or just the determination order following. We have one currently in DHS custody for group care, foster, shelter, etc.

**Response:** The first order can be as described. The judicial review that takes place within 45 days of placement is the specific order where the judge has to either agree/disagree with the QRTP placement.

UPDATED 12/23/2020:

**Question:** If a QRTP contractor has a single bed available and two (or more) referrals are made at about the same time on the same day, does the QRTP contractor have to accept the first one or can they look at all received that day and decide which of these they would like to accept.

Example:

- Kid A referred Monday at 9 a.m.
- Kid B referred Monday at 10 a.m.
- Kid C referred Monday at 11 a.m.

All children referred are appropriate for QRTP services, but the QRTP contractor happens to think Kid C is best-suited to their program. Is it within contract for QRTP to accept Kid C, bypassing Kids A and B and notifying their workers (within 24 hours) that they accepted another child?

Or, given that all three are suitable for QRTP, must the contractor accept the first child referred?

**Response:** This piece of the contract did not change with the implementation of QRTP, and has more to do with the referral/acceptance process for group care in general. Contractors shall accept referrals in the order they are received. So, for this example, the Contractor shall accept Kid A.

**Question:** How long is a QRTP clinical assessment valid?

E.g.: Four Oaks completed a QRTP assessment on 8.7.20. The child went to a non-FO QRTP.

DHS now wants to move that child to a FO QRTP. Is the August assessment still valid? Is there a time limit on these assessments?

**Response:** The QRTP process is really about the level of care and not the provider. So, as long as the team (including court) agrees/approves that the child continues to require QRTP, a new assessment is not needed. As long as the child did not leave or step down from the level of care in one QRTP before moving to the other QRTP, a new assessment is not required.

**Question:** I was entering a QRTP placement for one of my staff which was my first time doing it and saw that under #1 it states that “the team must consist of all appropriate biological family members.....”

Huge red flag as many of our clients that are placed in QRTP are adopted. This could be a HIPPA violation if a staff took it at face value. I don't know how much work it is to change it (or if you are even the right Help Desk regarding it) but I felt I needed to bring it to someone's attention.

**Response:** This wording is taken directly from Federal language in an effort to meet their requirements. Workers should think through this critically and respond appropriately when a child's parents have been TPR'd and they now have adoptive parents and their family constellation/supports in place.

**Question:** A provider is stating we need SAM approval to approve a bed being held, since the child will have been gone longer than 14 days from QRTP. Where is the reference that SAM approval is needed to hold a bed at QRTP?

**Response:** See below-

441—156.10(234) Payment for reserve bed days. 156.10(1) Group care facilities. The department shall provide payment for group care maintenance and child welfare services according to the following requirements. a. Family visits. Reserve bed payment shall be made for days a child is absent from the facility for family visits when the absence is in accord with the following: (1) The visits shall be consistent with the child's case permanency plan. (2) The facility shall notify the worker of each visit and its planned length prior to the visit. (3) The intent of the department and the facility shall be for the child to return to the facility after the visit. (4) Staff from the facility shall be available to provide support to the child and family during the visit. (5) Payment shall be canceled and payments returned if the facility refuses to accept the child back. (6) If the department and the facility agree that the return would not be in the child's best interest, payment shall be canceled effective the day after the joint decision not to return the child. (7) Payment shall be canceled effective the day after a decision is made by the court or parent in a voluntary placement not to return the child. (8) Payments shall not exceed 14 consecutive days, except upon prior written approval of the service area manager. In no case shall payment exceed 30 consecutive days. (9) The provider shall document the use of reserve bed days in the daily log and report the number of reserve bed days claimed in the quarterly report

**Question:** I have searched the rules and I can't find anything specific to if a VPA can be used for QRTP or if it needs to be a court order. Can you please help me with this?

**Response:** This information is in the newly published QRTP manual, Page 12 under Legal Status:

<http://dhssp/depdir/paa/FandMDev/EmployeeManual/Documents/Manual%20PDFs/18-D3.pdf>

*Legal Status*

*Legal reference:* Iowa Code Chapters 232 and 234

*Policy:* In order for the Department to pay for QRTP, a child must have:

☐ Been adjudicated either for committing a delinquent act (or a child is simply referred to as "delinquent"), or as a child in need of assistance (or a child is simply referred to as CINA);

☐ Been placed under a voluntary placement agreement (VPA) from the child's parents as per the VPA requirements described in the 441 IAC 202;

☐ Obtained a court-ordered placement for children with disabilities; or,

☐ Signed a VPA (if age 18 or older) as per the VPA requirements described in 441 IAC 202.

The child could be:

☐ Under guardianship of the Department;

☐ Under custody of the Department;

☐ Under voluntary placement (per the limitations described in the IAC 441 202);

☐ Under court-ordered placement (children with disabilities with parent, guardian or custodian involved in care); or,

☐ Placed under the guardianship or custody of juvenile court services (considered “payment only”).

*Procedure:* Verify that the child meets the criteria described above and follow guidelines within your service area for staffing these decisions with Service Area Manager or designee.

**Question:** The attached QRTP assessment approves the 11/5/20 QRTP placement. The date of the assessment was 11/5/20 but wasn’t signed by the evaluator until 11/13/20. The discrepancy between the dates doesn’t effect this one but wondering which date IVE should be taking on these. I am guessing the later date when the evaluation was signed, since that is the date the determination was officially made.

**Response:** The signature date should be used for IVE purposes. The assessment includes several pieces (TOP assessment, etc) and the second date is likely when all of those pieces were complete.

**Question:** We have a kid who was at a QRTP for a long time and not making any progress. They did a staffing to try and figure out what might work better for him. Some of the concerns were that he was being bullied. They wanted to move him to another QRTP to get him away from the kids who are bullying him and also he would get to do face to face therapy and EMDR. He was placed before July 1<sup>st</sup> so no assessment was done and now that he has moved we got an alert for an assessment to be done. Do we have to get one because he never had one to begin with or what happens when kids make a move from one program to another?

**Response:** Yes, since the referral process for the new program is happening after 7/1/20, the youth will need the pieces of the QRTP admission clinical review completed (TOP, clinical assessment). If the child was moving from one QRTP to another, and the initial placement was on or after 7/1/20 and the clinical assessment was completed, another clinical assessment would not be needed.

**UPDATED 1/28/2021:**

**Question:** This is in regards to a child going from one QRTP placement, to the hospital for a week and then entering another QRTP placement. I’m assuming from the Q&A that I have reviewed, the new QRTP placement would need a new 30 day initial assessment completed, correct? Would there also need to be another court order approving the new QRTP placement?

**Response:** Assuming this child was placed after 7/1/20 and an initial clinical assessment was done. If so, another clinical assessment is not needed. If the child goes to detention/hospital, etc. short-term but

the plan is for a return back to same level of care (QRTP), a new clinical assessment is not needed, regardless if it's the same site or not.

**Question:** A clinical assessment was completed when the kid went from YHMA to Four Oaks STOP on 10/15/20, which was dated 10/8/20, although I have not seen a QRTP approval court order from him. Do we need a QRTP court order for the STOP placement, since the kid has continually been in QRTP placement prior to 7/1/20?

**Response:** The judicial review/order within 60 days of placement will need to take place, since this placement at STOP is a QRTP. His prior placement at YHMA started prior to roll-out of QRTP.

**Question:** When a child is discharged from one placement and then goes right into another QRTP again is the placing entity, JCO or DHS, required to complete the QRTP assessment forms for that new placement.

**Response:** Depending on when the child was initially placed in QRTP, and if there was a clinical assessment was completed determines the answer to this question. If the child was placed after 7/1/20, and an initial clinical assessment was completed, another is not needed if they go directly into another QRTP. If the child did not have an initial clinical assessment completed (they were placed prior to 7/1/20)), then yes a clinical assessment would need to be completed for this current placement.

Other rules of thumb:

1-If a youth runs away and returns to the facility a few days later, is a new assessment needed? No, a new assessment would not be required.

2-If a youth gets charged/placed in detention with the intent to return to QRTP in a few days, is a new assessment needed? No.

The QRTP process is really about the level of care and not the provider. So, as long as the team (including court) agrees/approves that the child continues to require QRTP, a new assessment is not needed. As long as the child did not leave or step down from the level of care in one QRTP before moving to the other QRTP, a new assessment is not required.

